

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	OMB APP	ROVAL
	OMB NUMBER:	3235-0076
1	Expires:	May 31, 2002
1	Estimated average	burden
ļ	hours per response	16.00
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SEC U	SE ONLY
Prefix	Serial
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	[
Date R	eceived
1	1 1

Name of Offering (☐ check if th	is is an amendment an	id name has char	iged, and indicate	change.)	11754	54
Filing Under (Check box(es) that ap Type of Filing: New Filing	oly):	☐ Rule 505	☑ Rule 506	☐ Section 4(No.
	A. BA	SIC IDENTIFI	CATION DATA		RECE!	VED WO
1. Enter the information requested a	bout the issuer			_ 	13/	
Name of Issuer (Check if this in FleetCor Technologies, Inc.	an amendment and n					g 2002
Address of Executive Offices 3091 Governors Lake Drive, Suite 4	20, Norcross, GA 300		City, State, Zip C	1-800-8	ne Supper (Includ	
Address of Principal Business Opera (if different from Executive Offices)		mber and Street,	City, State, Zip C	ode) Telepho	ne Number (Inclui	fing Area Code)
Brief Description of Business Provider of business fleet and mobile	le workforce manager	nent services.				PROCESS
T. C.						PROCESS JUN 2 6 200
Type of Business Organization	□ limited par	tnership, already	formed	other (plea	se snecify):	
□ business trust	-	tnership, to be fo		a other (prea	se specify.	THOMSON FINANCIAL
Jurisdiction of Incorporation or Orga GENERAL INSTRUCTIONS	•		er foreign jurisdict		D	3
Federal:						
Who Must File: All issuers making et seq. or 15 U.S.C. 77d(6)	an offering of securitie	es in reliance on	an exemption und	er Regulation D	or Section 4(6), 17	CFR 230.501
When to File: A notice must be file Securities and Exchange Commission address after the date on which it is	n (SEC) on the earlier	of the date it is t	eceived by the SE	C at the address	given below or, if	
Where to File: U.S. Securities and I	exchange Commission	, 450 Fifth Stree	t, N.W., Washing	ton, D.C. 20549		
Copies Required: Five (5) copies of signed must be photocopies of the m				ist be manually si	gned. Any copies	not manually
Information Required: A new filing any changes thereto, the information Part E and the Appendix need not be	requested in Part C, a					
Filing Fee: There is no federal filing	g fee.					
State: This notice shall be used to indicate adopted ULOE and that have adopted			•			

ATTENTION

state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



the notice constitutes a part of this notice and must be completed.

	DACIC	IDENTIFI	CATION	DATA
Α.	BANK	III NI LEFI	CALIUN	DAIA

- 2. Enter the information requested for the following:

 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or
Check Box(es) that Appry.	1 Fromotes	☐ Beneficial Owner	M Executive Officer	M Director	Managing Partner
Full Name (Last name first, if ind	ividual)				
Ronald F. Clarke					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
c/o FleetCor Technologies, Inc., 3	3091 Governors La	ake Drive, Suite 420, Norce	ross, GA 30071		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Daniel J. Moos					
Business or Residence Address	(Numb	er and Street, City, State, 2	(ip Code)		
c/o FleetCor Technologies, Inc.,	3091 Governors L	ske Drive Suite 420 Norce	ross GA 30071		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
John G. Berylson					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
ada Etalado emposto de dos trasti	•	•	•		
c/o FleetCor Technologies, Inc., 3					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	· · · · · · · · · · · · · · · · · · ·			
Steve Stull					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		<u> </u>
ale FlortCor Technologies Inc. (2001 Gaussian L	also Duisso Suito 420 Novo	ross GA 20071		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	□ Executive Officer	□ Director	☐ General and/or
Check Box(cs) that Apply.	L Homotel	D Deliciteiai Owlici	LACCULIVE Officer	2 Director	Managing Partner
Full Name (Last name first, if ind	ividual)				
Bruce Evans					
Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)		
c/o FleetCor Technologies, Inc., 3	3001 Governors I	ake Drive Suite 420 Norce	ross GA 30071		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if ind	ividual)				
John Carroll					
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
c/o FleetCor Technologies, Inc.,	3091 Governors L	ake Drive, Suite 420. Norc	ross, GA 30071		
		,,	,		

Check Box(es) that Apply:	☐ Promoter	Beneficial Owner ■	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if ind	lividual)			/i	
Summit Ventures VI-A, L.P.					
Business or Residence Address	(Numbe	er and Street, City, State, 2	(ip Code)		
600 Atlantic Avenue, Suite 2800,	Boston, MA 0211	0			
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				
Summit Ventures VI-B, L.P.					
Business or Residence Address	(Numbe	er and Street, City, State, 2	(ip Code)		
600 Atlantic Avenue, Suite 2800,	Boston, MA 0211	0			_
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				
Chestnut Hill Fuel, LLC					
Business or Residence Address	(Numbe	er and Street, City, State, Z	(ip Code)		
1300 Boylston Street, Chestnut H	iil, MA 02167				
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
The Collinston Corporation					
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		•
1105 N. Market Street, Suite 300,	, Wilmington, DE 1	19801			

				B. INF	ORMATIC	ON ABOU	r offeri	NG				
												No
1. Has the is	suer sold, c	or does the is	ssuer intend	i to sell, to	non accredi	ted investo	rs in this of	Tering?	***************************************			Ø
			Ans	wer also in	Appendix,	Column 2,	if filing un	der ULOE.				
2. What is th	ne minimun	n investmen	t that will b	e accepted	from any ir	ndividual?	********				\$ N/A	
											Yes	No
3. Does the o	offering per	rmit joint ov	vnership of	a single un	it?	••••••	······				Ø	a
4. Enter the remuneration agent of a bropersons to be Full Name (L	for solicitate oker or deal listed are a	ation of pure ler registered associated p	chasers in c d with the S ersons of st	onnection of SEC and/or	with sales of with a state	f securities or states, l	in the offer ist the nam	ing. If a pe e of the bro	rson to be l ker or deale	isted is an er. If more	associate than five	d person or (5)
Business or F	Residence A	Address (Nu	mber and S	treet, City,	State, Zip (Code)						
Name of Asso	ociated Bro	oker or Deal	er									
States in Whi							·					•
•		or check ind		•						_	_	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[17]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	irst, if indiv	idual)									
Business or R	Residence A	Address (Nu	mber and S	treet, City,	State, Zip (Code)				-		
Name of Asse	ociated Bro	ker or Deal										
Name of Assi	ociated Dic	ikci di Deal	Ci									
States in Whi		Listed Has S			Solicit Purc	hasers						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	(NH)	ונאז	[NM]	[NY]	[NC]	ומאן	(OH)	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]
Full Name (L				[]								
`		,										
Business or F	Residence A	Address (No	mher and S	treet City	State 7in ('ode)						
Dusiness of 1	Condende 7	1001035 (110	moci and s	ucci, city,	ouw, zip (_ouc)						
Name of Asso	ociated Bro	ker or Deal	ег		······································							
States in Whi												
		or check ind		-					(E)			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
(IL)	[IN]	[Al]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
1011	LECT 1	TUTN)	17711	17771	CI PTT	IV/T1	13/41	111/A7	133/3/7	1 1 1 / 1 1	114/1/	1001

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☒ Preferred		
	Convertible Securities (including warrants)	\$_300,000_	\$300,000
	Partnership Interests		\$
	Other (Specify)		\$
	Total		\$300,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amoun of Purchases
	Accredited Investors	9	\$300,000
	Non-accredited Investors	<u>N/A</u>	\$ <u>N/A</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		-
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of	Dollar Amoun
	Rule 505	Security	Sold \$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		· .
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	2	\$15,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Blue Sky Fees	[2	\$2.000
	Total		\$ <u>17,000</u>

C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEEDS	
1 and total expenses furnished in respon	ate offering price given in response to Part C - Question se to Part C - Question 4.a. This difference is the			\$ <u>283,000</u>
used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an e estimate. The total of the payments listed must equal t forth in response to Part C - Question 4.b above.		Payments to	
			Officers, Directors, & Affiliates	Payments To Others
Salaries and fees			\$	S
Purchase of real estate			\$	□ \$
Purchase, rental or leasing and installa	tion of machinery and equipment		\$	 \$
Construction or leasing of plant building	ngs and facilities		\$	S
Acquisition of other businesses (include	ling the value of securities involved in this			
offering that may be used in exchange	for the assets or securities of another	п	\$	- \$
•				□ \$
, ,				\$283,000
				_ \$
• • • • • • • • • • • • • • • • • • • •			· ————	
			\$	S
				\$283,000
Total Payments Listed (Column totals:	added)		⊠ \$ <u>2</u>	283,000
·	,		λ –	
	D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be si	gned by the undersigned duly authorized person. If this no	tice is	filed under Pul	e 505, the
following signature constitutes an undertak	ing by the issuer to furnish to the U.S. Securities and Exche issuer to any non-accredited investor pursuant to paragraph	ange (Commission, up	on written reque
ssuer (Print or Type)	Signature		Date	
leetCor Technologies, Inc.	1 (links		May 17, 2	002
Name of Signer (Print or Type)	Title of Signer (Print or Type)		 	
Ronald F. Clarke	Chief Executive Officer			
Unaiu i. Ciarke	TOTAL LACCULIVE UTILLED			

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)